Division of Disability and
Rehabilitative Services (DDRS)
ATTN: Waiting List
P.O. Box 7083
Indianapolis, IN 46207-7083

[DATE]
[NAME]
[ADDRESS]
[CITY], [STATE] [ZIP]

Dear [NAME]:

The Division of Disability and Rehabilitative Services (DDRS) records indicate that your name
has been placed on a waiting list for waiver services. In order to maintain an accurate waiting
list, we need updated information from you.

Please complete the enclosed Waiting List Status Form indicating your desire to remain on the
waiting list(s). Also, please update any change in your contact information. Then sign, date, and
return the Waiting List Status Form to DDRS using the enclosed self addressed stamped
envelope.

DDRS currently has vacancies in supervised group living (group homes). If you are interested,
please contact your local Bureau of Developmental Disability Services (BDDS) Office at
[DISTRICT OFFICE PHONE NUMBER] to determine if there is a placement available to suit
your needs.

Please return the Waiting List Status Form by April 10, 2012. If you fail to return the completed
form by April 10, 2012, DDRS reserves the right to remove your name from the waiting list.

Please continue to keep DDRS informed of any change in your contact information. If you have
any questions, please contact your local BDDS Office.

Sincerely,

Shane Spotts, Director
Division of Disability and Rehabilitative Services

"People helping people help themselves"

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

FSSA

Waiting List Status Form

[NAME]
[ADDRESS]
[CITY], [STATE] [ZIP]
[PHONE NUMBER]

Corrected Information, if applicable

Name:_____

Street Address: _____

City/state/zip:_____

Phone Number:_____

_____**I wish to remain on the waiting list(s)**

_____**I DO NOT wish to remain on the waiting list(s) because:**
                              (a written explanation is optional)

Please complete, sign, date, and return this form to the Division of Disability and Rehabilitative Services by April 10, 2012.

_____   _____
Client Signature   **Date**